MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
09/889955	
APPLICANT(S)	

CLAIMS

CLAIM	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1	1		1			
2		1		1		
3	2		1			
4				1		
5	1		1			
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TOTAL IND.		1				
TOTAL DEP.		6				
TOTAL CLAIMS		7				

CLAIM	IND.	DEP.	IND.	DEP.	IND.	DEP.
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